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TARGETING PRACTICE:

**THE CONTRIBUTION
OF STATE
REGISTERED
DIETITIANS**



THE
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OF THE **NATION**

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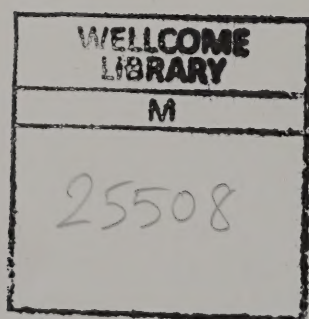
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





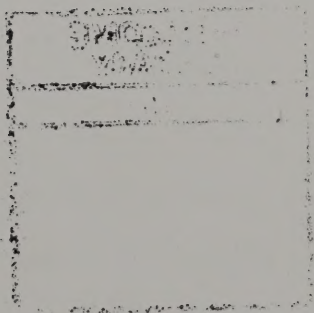
**THE
HEALTH
OF THE NATION**

We wish to thank the many members of the British Dietetic Association whose contributions made this handbook possible. A special mention must be made of Carole Middleton, Chief Dietitian, St James University Hospital NHS Trust, Leeds whose work on the text and the examples of good practice made her de facto editor in chief.



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PREFACE

Dietitians have long been convinced of the vital importance of diet in health promotion and disease prevention. The launch of the White Paper "The Health of the Nation" was therefore a challenge, which they recognised immediately and accepted with great enthusiasm. They also take an active role in caring for the sick, many of whom require expert dietetic intervention, sometimes in rare diseases, but more often in common conditions such as diabetes mellitus which affects such large numbers of the population. Their role in the education and care of overweight people and in the prevention of obesity is also very important. Dietitians have a role in all the Key Areas, but they have a special place on the Nutrition Task Force, its working parties and its many project teams.

X Traditionally, within the NHS, dietitians have worked mostly within the hospitals but this is changing rapidly and increasingly they are working in the community so that their role in health is strengthened. Their educational contribution is essential as they are relatively few in number and have to be sure that nutritional advice given by other professionals is satisfactory.

Many practical examples of dietetic work in each of the five Key Areas are given in this report. Some projects are completed, others are on-going or projected. They are only some of the many examples of good practice known to The British Dietetic Association. Such examples come from many settings - the community, hospitals, residential care, education, catering and industry. Sharing ideas is always rewarding.

There is much to be done but I am truly delighted to observe the contribution which dietitians are making to this exciting national venture.

Barbara E. Clayton

Professor Dame Barbara Clayton

Honorary President, The British Dietetic Association

INTRODUCTION

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INTRODUCTION

Introduction

This Handbook was produced in a short timescale by initiating a trawl of good practice throughout the dietetic profession. Dietitians were very keen to share their ideas and provide information about the projects they were working on or planning. The illustrations included are from those Dietitians that were able to respond within the timescale, hence it represents only a small proportion of the work that is actually being carried out and in no way undervalues work which has not been included. The examples given demonstrate the range and diversity of the dietetic contribution to The Health of the Nation. In some of the Key Areas diet cannot be directly related to the targets set but nutrition and diet play important roles in the general health and wellbeing of these clients.

It is hoped that the Handbook will provide ideas and a stimulus for others just embarking on any of the areas of work discussed. It should also create the opportunity for a greater sharing of information and for others to learn from experience. As a small profession it is important not to 'reinvent the wheel' but to work together to maximise effect. Ways of disseminating good practice need to be developed and networks strengthened.

Using this Handbook

The Handbook is designed for all those involved in the purchasing, planning or delivery of health care.

The Handbook aims:

- to raise awareness of the contribution made by Dietitians towards achieving The Health of the Nation targets
- to encourage good practice
- to assist purchasers and providers in recognising where the dietetic component of service contracts is important
- to assist other health care professions to recognise the contribution Dietitians can make, both in nutrition education and the training of all appropriate professionals and other staff to serve as a source of ideas and inspiration.

The examples of Good Practice are grouped into six sections, five

Aims of The Health of the Nation

corresponding to The Health of the Nation Key Areas followed by a general section demonstrating the contribution of good nutrition to positive health.

In July 1992 the Government launched The Health of the Nation: A Strategy for Health in England which aims to secure continuing improvements in the health of the population as a whole by identifying five 'key areas' on which action can be focused:

- Coronary Heart Disease and Stroke,
- Cancers,
- Mental Health,
- HIV/AIDS and Sexual Health,
- Accidents.

Measurable targets for improvement have been set in each of the key areas, along with action plans and timetables for achieving the targets.

Parallel initiatives have been launched in Scotland, Wales, and Northern Ireland, though the precise focus of each of the strategies varies depending on the specific and varying needs of the different communities.

The Health of the Nation is managed by a cross-Departmental grouping of Ministers and will rely on the building of 'healthy alliances' to succeed. Good health is not a matter for the National Health Service alone, although it is recognised that the NHS has a major contribution to make.

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Contribution of the Dietetic Profession

The British Dietetic Association (BDA) was one of the first organisations to recognise the importance of the initiative and to declare support for the Government's strategy. Dietitians have long been committed to health promotion and disease prevention. The profession sees The Health of the Nation as a medium through which clear and consistent advice on diet and health can be broadcast. The British Dietetic Association's strategic paper 'Towards the 21st Century' (1991) states the core purpose of:

- Dietetics . . . 'the discipline which interprets and communicates the science of nutrition to enhance the quality of life of individuals and groups in health and disease by using principles from the health and social sciences.
- Dietitians . . . prevent nutrition related problems by influencing food related behaviours. They enable people to take a personal responsibility for their health by making more appropriate choices about food and lifestyle.
- Dietitians . . . improve the well-being of those with clinically related nutrition problems by assisting clinicians in developing diagnoses of nutritional problems and by implementing, monitoring and evaluating the outcomes of dietetic therapies.
- Dietitians . . . undertake research and evaluate their practice to advance the science and practice of dietetics.
- Dietitians . . . work under a strict ethical code of conduct which includes the 'Statement of Conduct' of the Dietitians Board of the Council for Professions Supplementary to Medicine (CPSM), which is part of State Registration. This ensures that any work takes account of the need for Dietitians to be independent.
- Dietitians . . . by their degree and State Registration qualifications, have been assessed to a nationally acceptable level of competence laid down by the Dietitians Board. Dietitians are committed to continuing their professional and personal development in order to remain competent to practice.

Dietitians ... contribute to the knowledge pool and enhance their effectiveness as practitioners by undertaking to educate and train students and research into practice.

The core purpose of dietetics is entirely consonant with The Health of the Nation's commitment to help individuals change their behaviour and to create the kind of environment in which such changes can be made.

Healthy Alliances

With the present number of Dietitians, however, the proportion of the population with direct access to a Dietitian is small and hence Dietitians exert their influence most effectively by working with and through other professionals. The Health of the Nation has highlighted the need to develop Healthy Alliances. Dietitians have worked in this way for many years and have established strong links with a wide range of organisations and professionals outside their immediate area of work.

Training

Dietitians have established an extensive training role both at undergraduate and postgraduate level and this will need to be further developed if the demands of The Health of the Nation are to be met. It is essential that all professionals working in health promotion attain a minimum standard of knowledge and the appropriate skills to influence dietary behaviour, to ensure a consistent message is given to all clients. Dietitians, as experts in this field, are best placed to provide some of the additional training but may need to extend their own teaching skills.

Relevance to The Health of the Nation

The strategy for achieving the nutrition related targets of The Health of the Nation has already begun. The most important and most ambitious of these developments has been the setting up by Ministers of a Nutrition Task Force. The Terms of Reference of the Nutrition Task Force were:

- to draw up a co-ordinated programme of action to implement the nutrition aspects of the Government's Health Strategy;
- to promote co-ordination and co-operation between all interested parties;
- to establish mechanisms for monitoring and evaluating progress.

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and its current role is:

- to agree and oversee the broad strategic and operational programme for achieving the nutrition targets and to obtain commitment from the various sectors involved at the highest level.

The BDA is represented on the Nutrition Task Force and all of the appropriate Project Teams.

It is particularly significant that in response to the White Paper the National Health Service Management Executive (NHSME) published First Steps for the NHS (November 1992) which set out action plans and priorities for each of the five key areas and laid special emphasis on Dietitians. First Steps emphasises the need for Regions, purchasers, providers and GP fundholders to review and identify access to dietetic advice.

Regions should support and stimulate the development of guidelines and policies with particular reference to:

- Awareness raising and education on smoking, diet, alcohol and exercise ...
- Address training needs of key health service staff, in particular, in health promotion, dietetics and rehabilitation.
- Ensure wide adoption of healthy workplace initiatives specifically to include policies on smoking, healthy eating and alcohol, and counselling, advice and awareness raising (including exercise).
- Mount campaigns to coincide with No Smoking Day, Drinkwise Day, and other national, regional and local initiatives (to include evaluation).

District Health Authorities (DHA) and Family Health Service Authorities (FHSA) Corporate Contracts, Purchasing Negotiations and NHS Contracts and Provider Business Plans should 'review access to dietetic expertise, aiming to ensure adequate nutrition education and training of all appropriate professionals and other staff.

In addition, it is suggested that Primary Health Care providers should

consider providing education and advice on diet, smoking, salt intake, exercise and alcohol.

The priorities in First Steps relating to diet and nutrition feature in the CHD and Stroke Key Area as they are particularly relevant to addressing the risk factors for coronary heart disease and stroke. Any improvement in dietary intakes will, however, also benefit the other Key Areas as good nutrition is an important part of health promotion.

Local managers and directors in purchasing authorities have been provided with detailed advice on how to reduce mortality and morbidity in each key area through the five Key Area Handbooks. These Handbooks contain epidemiological information and excellent references. In addition, each gives practical examples that will be of use to those providing - or thinking of providing - any of the services mentioned. They are straightforward, accessible reports, which will also be found useful by potential 'Healthy Alliance' partners outside the NHS.

Implications for the Dietetic Profession

There are at present on average 3 Dietitians working for the NHS for every 100,000 of the population. Even if the total number employed in all aspects of dietetics is considered (2869, January 1994), this ratio barely rises. The NHS has begun to recognise this and plans to increase the number of Dietitians by 23% by 1997 (NHSME/Yorkshire Health 'The Balance Sheet for 1994/5': 1993).

The demands of The Health of the Nation are likely to reinforce the shift towards practising dietetics in the community. Currently the fastest growing area for employment in dietetics is working with the General Practitioner. This in no way supersedes the work of the Dietitian within the acute field. Indeed, there continues to be increased demand for clinical Dietitians in the acute sector which must be encouraged to continue. Although clinical Dietitians work predominantly in the treatment of disease they also have a significant role to play in disease prevention.

The profession has been preparing for the changing role it must adopt as The Health of the Nation strategy develops. *Dietitians in the Community: Opportunities for the Future* (1993) is a key report in

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which the profession commits itself to a community-based approach to health promotion and prevention.

Managing the shift towards an increased emphasis on health promotion and the prevention of ill-health is essential. The service in primary and secondary care must be seamless and the messages from a potentially wide range of providers must be consistent. Care must be taken to ensure that standards are maintained throughout a period of change.

As purchasing authorities begin to require services to maximise the health of their populations they will need advice on the nutrition and dietetic component of contracts. This advice should be a focus for a wide range of strategic and policy issues for purchasers. Dietitians have a role to play in this and in needs assessment and at the same time in monitoring the levels and the quality of the services offered by providers.

Education and Training of Dietitians

Qualification as a State Registered Dietitian requires the individual to follow a course in nutrition and dietetics approved by the Dietitians Board of the CPSM at a university or institute of higher education. Undergraduate courses are of 4 year duration but it is also possible for people with a background in nutrition or biological sciences to follow one of 3 postgraduate courses (15 months or 2 years in length). All courses include a 28 week clinical placement in the NHS, during which practical skills are developed under the supervision of experienced Dietitians.

Post-registration training for Dietitians has been developed mainly from within the BDA speciality groups. Validated courses in the following areas are currently available: Community Dietetics (Introductory and Advanced), Mental Health, Nutrition and the Elderly, Parenteral and Enteral Nutrition, Paediatrics, Treatment of Renal Disease, Sports Nutrition, Management of Childhood Diabetes and Clinical Supervisory Skills. The first three are particularly useful for Dietitians working in the community.

The Role of the BDA

The BDA is the only professional association for State Registered Dietitians in the United Kingdom. Its role is to support and represent

its members at national and local level. Membership covers 95 of those eligible to join.

In the context of The Health of the Nation the BDA is represented on the Nutrition Task Force and liaises with the Department of Health, MAFF and the Health Education Authority.

The BDA supports and validates post-registration training within the profession. Though not directly responsible for undergraduate education it works closely with the Dietitians Board of the CPSM and deals with the administration for the placement module. The BDA and Dietitians Board have a number of joint working parties reviewing undergraduate education, competencies and assessment of student Dietitians.

The BDA supports its members by writing and editing the Manual of Dietetic Practice (1988 and 1994) and its Journal of Human Nutrition and Dietetics. In addition, a series of Briefing Papers on professional issues has been produced for members:

- Quality Assurance (1989)
- Measuring Clinical Outcome (1990)
- ABC of Contracting for Dietitians (1990)
- Writing a Business Plan (1990)
- Medical and Clinical Audit (1992)
- Marketing (1993)
- Setting and Monitoring Standards in the Workplace (1993).

The consensus view of Dietitians on a range of clinical issues are available in the form of position papers, which are used by the BDA and individual members when asked for an opinion.

Resources such as leaflets and fact sheets are produced by many of the specialist Groups of the BDA and are used within and outwith the profession. Examples of these the Paediatric Group leaflets 'After Food What's Next?', 'Food for the Growing Years' and 'Food for the school Years'.

INTRODUCTION

How this Handbook was produced

The BDA and the Specialist Groups also run training days for Dietitians and student Dietitians, for example, public relations training days and 'HIV/AIDS and Nutrition - What are the Issues?' run by the Dietitians in HIV/AIDS Group.

This Handbook is one of a series embodying the Government's commitment in the White Paper that professions will be involved in how standards of good practice will be taken forward. It consists in part of extracts from The Health of the Nation guidance and from other relevant or useful reports, bringing together and focusing on the references to nutrition and dietetics. In addition, the Handbook sets out a number of examples of good practice, illustrating the contribution Dietitians can make to achieving The Health of the Nation targets. The reports include:

- First Steps for the NHS
- The Key Area Handbooks:
 - Coronary Heart Disease and Stroke
 - Cancer
 - Mental Illness
 - Accidents
 - HIV/AIDS and Sexual Health
- Manual of Dietetic Practice
- Journal of Human Nutrition and Dietetics
- Working Together for Better Health
- Ethnicity and Health
- Public Health and Common Data Set
- The Health of the Nation: Target Effectiveness of Interventions to Reduce CHD and Stroke Mortality (Department of Health forthcoming) Purchasing for Health
- The National Audit Office Reports
- Towards the 21st Century
- Towards the 21st Century: Education and Training Strategy

- Dietitians in the Community: Opportunities for the Future
- Professional Development Committee Briefing Papers
- Position Papers.

The Definition of Good Practice

The definition of the phrase 'good practice' as used throughout this Handbook needs expanding. All the examples used have a number of things in common. It is implicit in them all that:

- Dietitians play a key role
- their objectives are consistent with and contribute to The Health of the Nation targets
- they are research based
- they have the support of all those involved, including senior management
- clear aims and objectives have been set
- they are realistic and are achievable by others
- they can be formally evaluated
- their results are widely disseminated
- they demonstrate the use of appropriate alliances.

Examples of Good Practice

This Handbook illustrates, with many practical examples, the range of dietetic work in each of the five Key Areas. As the principles of good nutrition are applicable to all of the Key Areas many of the examples overlap several of them but are no less important in contributing to the targets set. A general section has been included to illustrate the range of dietetic work with all age groups in a wide variety of settings.

The examples used have been taken from a much larger collection of illustrations of good practice. These were obtained from a trawl through the dietetic profession in December 1993, when the BDA invited contributions from dietetic managers, Dietitians in the community and in industry and education. In addition, an analysis of responses to the public consultation on the Nutrition Task Force's programme for Achieving The Health of the Nation Dietary Targets (1993) produced further examples.

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The examples of good practice are drawn from many settings within and outwith the NHS - for example, from hospitals, residential care, primary health care, education, catering and industry. They illustrate how Dietitians have helped change individual behaviour, the environment and their own professional practice.

Though the majority of the examples cited are of work that is currently being undertaken, there are some projects which are still being developed. These have been included to illustrate some of the creative or innovative schemes which are being pursued and could provide ideas for others to develop.

CORONARY HEART DISEASE

STROKE

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CORONARY HEART DISEASE AND STROKE

Main Targets

To reduce death rates for both coronary heart disease (CHD) and stroke in people under 65, by at least 40%, by the year 2000.

To reduce the death rate of CHD in people aged 65 to 74, by at least 30% by the year 2000.

To reduce the death rate for stroke people aged 65 to 74, by at least 40%, by the year 2000.

Risk Factor Targets

Smoking

To reduce the prevalence of cigarette smoking in men and women aged 16 or over to no more than 20% by the year 2000.

Diet and Nutrition

To reduce the average percentage of food energy derived by the population from saturated fatty acids by at least 35% by 2005.

To reduce the average percentage of food energy derived by the population from total fat by at least 12% by 2005.

Obesity

To reduce the percentage of men and women aged 16 - 64 who are obese by at least 25% for men and at least 33% for women by 2005.

Blood pressure

To reduce mean systolic blood pressure in the adult population by at least 5mmHg by 2005.

Alcohol

To reduce the proportion of men drinking more than 21 unit of alcohol per week from 28% in 1990 to 18% by 2005 and the proportion of women drinking more than 14 units of alcohol per week from 11% in 1990 to 7% by 2005.

The Contribution of Dietitians

The dietetic contribution to achieving the CHD and stroke targets primarily focuses on the diet and nutrition, obesity and alcohol risk factors.

Dietitians have been involved in work related to diet and CHD for many years. Their style of work has evolved from a totally therapeutic approach to a preventative holistic approach. The publication of the National Advisory Committee on Nutrition Education (NACNE) report

Food and Health Policies

in 1983 and the Report of the Committee on Medical Aspects of Food Policy (COMA) on Diet and Cardiovascular Disease report in 1984 provided a stimulus for this preventative dietetic work and a growth in Community Dietetics and Health Promotion work. This style of working has been developed as the skills of Dietitians have changed and continues to be appropriate in applying the recommendations of the COMA report 'Dietary Reference Values for Food Energy and Nutrients for the United Kingdom' and addressing The Health of the Nation targets.

Many Health Authorities have developed and implemented local policies promoting the relationship between food and health directed by a steering group including the dietetic manager or Community Dietitian, with representatives from Public Health Medicine, Health Promotion Units, Nursing, Management and other appropriate health professionals. The original food and health policies focused on the link between diet and CHD but of necessity have been broadened to encompass the role of diet in the aetiology of other diseases particularly cancers and the needs of specific population groups such as children or older adults.

CHD/Stroke Prevention

All projects which promote good nutrition will influence the diet and nutrition risk factor targets, though they will not be specifically aimed at CHD and stroke. The examples of good practice listed in section seven fall into this category.

Listed below are examples of good practice which are aimed at the CHD/stroke targets:

Look After Your Heart (LAY)/Look After Yourself Courses are run by many Dietitians who are qualified LAY tutors.

Lifestyle Projects

- Roadshows - providing advice on all risk factors for CHD including diet and nutrition eg Seacroft Heart Roadshow held in shopping centres, fetes, etc, (Jackie Moores, Leeds) and Tameside and Glossop Heart Health Sessions held in health centres (Sheila Turner, Ashton-under-Lyne).

- Lifestyle programmes - incorporating nutrition promotion and prescription of exercise at local leisure centres eg The Oasis Project (Lesley Houston, Eastbourne), the Lifestyle Scheme for people under 60 with known risk factors (Louise Noble, Surrey) and prescribing exercise (Pat Flanagan, Leeds).

Lipid Screening and the Dietary Management of People with Raised Lipids.

- Treatment strategies - many Trusts and Health Authorities have developed strategies for opportunistic lipid screening and handling the increased numbers of people requiring dietary advice having been found to have raised lipids (Jennie Starr, Eastbourne; Shirley Judd, Liverpool; and Rosalyn Taylor, Darlington). The BDA position paper "Guidelines to Dietitians on the Management of Adults found to have a High Blood Cholesterol Level" (1990) also addresses this area.
- dietary counselling for individuals with hyperlipidaemia is a fundamental part of dietetic work in a hospital or GP Practice. Group counselling and support for these people is an efficient use of dietetic time (Fiona Jamieson, Southampton; and Fiona MacKellar, South Birmingham).
- production of literature to reinforce verbal advice is also fundamental. This may be produced by individual healthcare units, Districts (Shirley Judd, Liverpool) or Regions (SWTRHA).
- auditing the effectiveness of treatment strategies (Angie Jefferson, Guildford; and Clodhna Ni-Mhurchu, Bournemouth).

Assessment Tools

- different methods for assessing an individual's food intake are being developed either for use by the dietitian as in a food frequency questionnaire (Anne de Looy, Edinburgh; and Morag MacKellar, Falkirk) or self administered (Pat Flanagan, Leeds).

CHD/Stroke Treatment

Though the aims of The Health of the Nation are to reduce to incidence of ill health there must continue to be improvement in the treatment of those with established disease. In this section examples

are sited of Dietitians working with people with CHD or after having had a stroke.

Post Myocardial Infarct

- Cardiac Rehabilitation Programmes initiated primarily from coronary care units are held in many hospital settings. These are multidisciplinary and are often run in conjunction with cardiac rehabilitation nurses, physiotherapists, occupational therapists, doctors and pharmacists. Some hospitals extend their programmes to encompass patients pre and post heart surgery and those suffering from angina. Some cardiac rehabilitation groups are also held in community settings.

Post Stroke

- multidisciplinary teams for the assessment, treatment and rehabilitation of stroke patients exist in some hospitals (Marlen Freebairn, Stockton-on-Tees; Rosalyn Taylor, Darlington; and Pamela Paul, Falkirk). Audit of the current management of stroke patients is also being undertaken (Helen White, Leeds). Dietitians work closely with speech therapists in the treatment of dysphagic stroke patients.

Obesity

Many Dietitians work with clients who are overweight and have developed treatment strategies, programmes, training packs, etc, aimed at preventing the overweight from becoming obese. Examples of work in this area are included in section seven.

The examples discussed in this section are those dealing with the dietary treatment of obesity, ie, a body mass index (BMI) greater than 30, as it is recognised that to meet the obesity targets those already obese need to be treated as well as a reduction in the number becoming obese.

Strategies/guidelines

- Strategies for the treatment of obesity (Sara Kirk, Bradford) and Guidelines for the Treatment of Obesity in Children (Val Anwyl, Ashton-Under-Lyne) have been produced. There is also dietetic

CORONARY HEART DISEASE AND STROKE

involvement on planning teams for obesity (Patricia Penfold, Harrow).

Obesity Clinics

- Clinics specifically for the obese client are held in some hospitals. For example, the obesity clinic at The General Infirmary Leeds, where people with a BMI greater than 35 are treated by a multidisciplinary team including a Dietitian, clinical psychologist, doctors and nurses.
- Treatment of the Obese in their workplace (Anne de Looy, Edinburgh). This is a project looking at the success of using 'normal' sugar containing foods instead of the traditional low sugar varieties.
- Newcastle-upon Tyne Change of Heart Project (Louise' Burke, Newcastle-upon Tyne). This is a proposed audit of Primary Health Care services to overweight and obese patients to identify unmet need and the most appropriate method of treatment.

Alcohol

Specific projects related to alcohol have not been identified. However, Dietitians work with health promotion units on campaigns to increase awareness of the consequences of an excessive alcohol intake, such as Drinkwise Days, and in the treatment of alcoholics.

Alcohol will also be covered as part of a balanced diet in an holistic approach to healthy lifestyle.

Training

With the present number of Dietitians direct access by the individual is small. Recognising the need to work through other health professionals, Dietitians have become heavily involved in the training of these professionals to ensure consistency of message and definition of their specific roles.

Most training courses look at nutrition as a whole and hence overlap the Key Areas. These feature in section seven.

An example of training aimed specifically at CHD and Stroke is the Health Education Authority's 'Helping People Change' course. The 'eating module' of the course has been designed and is delivered by

Dietitians, for Dietitians. The local Dietitians in turn deliver the eating module to Primary Health Care (PHC) professionals. The pilot testing has shown that Dietitians are key to delivery of this module.

The aim of the eating module is to equip PHC professionals with some of the skills and tools required for more effective one-to-one dietary counselling within the primary health care setting.

The full Helping People Change project includes a 28 hour training course, of which the eating module is four hours. The core of the course is based on a theoretical model of behaviour change which is then applied to the four subject areas: eating, smoking, alcohol and physical activity. Specially designed patient self-help booklets and professional guides have been produced in each of the four areas. Those used in the eating module are called 'Changing what you eat' and are freely available to those who have done the training. The course is run on a cascade basis; ie national trainers train local trainers who in turn deliver the course to local PHC professionals.

Local trainers are Community Dietitians working with PHC facilitators, health promotion officers and Look After Your Heart trainers.

Contact Gill Cowburn/Paula Hunt. Community Dietitians, HEA Primary Health Care Unit, Block 10, The Churchill Hospital Headington, Oxfordshire OX3 7LJ, Telephone 0865 226055.

Other Examples

Seacroft Heart Roadshow

The aim of the project was to increase the knowledge of the general public about the causes of heart disease and elicit changes in lifestyle.

The project, involving Community Dietitians, health visitors, school nurses and community workers began in 1990 and developed when the group received a grant from Yorkshire Heartbeat. The grant enabled the purchase of specialist easy to use equipment - including smokalysers, ergonometer, weight and height measuring equipment and a sphygmomanometer.

The roadshow provided advice and information about all the risk factors for heart disease. Members of the public attending the roadshow were given a chart which was completed at each station

CORONARY HEART DISEASE AND STROKE

and at the end they were given a score. This gave an indication of how well they were 'looking after their heart'.

The events were held in shopping centres, community centres, leisure centres and health centres. Follow-up sessions were held on smoking cessation, diet and relaxation.

Every 50th person was contacted three months after the event to find out if any changes had been made. Two people visited their doctor as advised after the roadshow and subsequently had heart surgery.

Contact Jackie Moores, Community Dietitian. Community and Mental Health Unit, St Mary's Hospital, Greenhill Road, Leeds LS12 3QE, Telephone 0532 790121 ext 4364.

Cholesterol Countdown Group

The aim of the project is to provide a group support clinic at a GP surgery for adults with identified risk factors for coronary heart disease in particular hypercholesterolaemia.

Clients were provided with initial dietary and lifestyle advice from the practice nurse and reviewed. Individuals whose cholesterol remained high and were sufficiently motivated were invited to join a series of group sessions.

South Birmingham Health Authority's Healthy Living Bus was used as an awareness raising promotion. The level of personal fitness was used to motivate group participants.

The course programme was:

- | | |
|-----------|--|
| Session 1 | Personal fitness testing and stress profile. Individual advice on exercise and nutrition. Setting a personal goal for exercise. |
| Session 2 | Introduction to the Cholesterol Countdown Group. Group discussion of successes (or hiccups) with personal goals. Aims and outline of course programme. Topic: 'Facts behind the Fats'. Setting a personal goal for eating. |

- Session 3 Group discussion of success with personal goals.
Topic: 'Handling Stress and the Link with Cholesterol'.
Relaxation exercise. Setting a personal goal to relax.
- Session 4 Group discussion of success with personal goals.
Topic: 'Time to Change ... and how to? Motivation' .
Setting a personal goal to do with lifestyle. Questions
and answer session with the doctor.
- Session 5 Personal fitness testing on the Healthy Living Bus.
Individual review of personal goals.
- Session 6 Group and course evaluation. Opportunity to use
leisure facilities.

Professionals involved with the project were the Community Dietitian, practice nurse, Healthy Living Bus co-ordinator, psychologist and general practitioner.

Contact Fiona McKellar, Community Dietitian, Woodlands Nurses Home, Sally Oak Hospital, Raddlebarn Road, Birmingham B29 6JB, Telephone 021 627 1627 ext 51428.

Multidisciplinary Team Approach to the Treatment of Stroke.

The aim of the project is to improve the rehabilitation of stroke patients, in particular their nutritional status.

Falkirk and District Royal Infirmary has a Standard which states that all patients with swallowing difficulties after a stroke will be assessed within 24 hours of the problem being diagnosed.

The initial assessment is done by the speech and language therapist, who recommends the use of one of a series of 'staged' diets. These have been devised by the dietetic department and are a range of different textures. They are, however, nutritionally incomplete and after the initial assessment the Dietitian also assesses the patient and recommends any additional feeding necessary to meet their requirements. This may be nasogastric feeding if the swallowing problem is severe. The patients are then monitored and the feeding regimens changed as necessary.

CORONARY HEART DISEASE AND STROKE

The rehabilitation of stroke patients is now being audited to evaluate treatment since the introduction of the Standard.

Contact Pamela Paul, Dietetic Department, Falkirk and District Royal Infirmary, Majors Loan, Falkirk FK1 5QE. Telephone 0324 24000 ext 3369.

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CANCER

Main Targets

LUNG CANCER

To reduce the death rate for lung cancer by at least 30% in men under 75, and 15% in women under the age of 75 by 2010.

BREAST CANCER

To reduce the death rate for breast cancer in the population invited for screening by at least 25% by the year 2000.

CERVICAL CANCER

To reduce the incidence of invasive cervical cancer by at least 20% by the year 2000.

SKIN CANCER

To halt the year-on-year increase in the incidence of skin cancer by the year 2005.

European Code Against Cancer or "Ten Commandments"

2. Moderate your consumption of alcoholic drinks - beers, wines and spirits.
5. Frequently eat fresh fruit and vegetables, and cereals with a high fibre content.
6. Avoid becoming overweight and limit your intake of fatty foods.

The Contribution of Dietitians

Cancer Prevention

'There is mounting, though as yet inconclusive evidence that diets relatively low in meat and fat and high in vegetables, starchy staple foods, cereals and fruits may be associated with a lower occurrence of cancers of the stomach and large bowel, breast, ovary and prostate. Obesity is also associated with an increased occurrence of cancers of the gall bladder and uterus, and increased fatality from breast cancer in later life.' (Health of the Nation 1992).

Two projects aiming to increase the consumption of fruit and vegetables are:

'It is a Blooming Good Idea ..'

- Together with Healthy Birmingham 2000, the Community Dietitians launched a month long campaign encompassing large

street posters, smaller posters and information packs. The local media were involved and schoolchildren produced a fruit and vegetable 'rap'.

- South Birmingham Health Authority expanded the campaign to include a roadshow touring the health centres and involving health visitors, district nurses and school nurses (Sandra Passmore, Birmingham).

The City Allotments and their Contribution to the Health and Wellbeing of Leeds' Residents.

The project aims to secure long term viability of allotments, raise awareness of the contribution that gardening can make to health (nutrition, exercise, stress reduction), and try and improve accessibility of gardening for interested individuals with a low income. The project involves Community Dietitians, Leeds Gardeners' Federation, City Council Health Unit and Local Councillors (Carolyn Hull, Leeds).

Nutrition projects specifically addressing prevention of cancer were:

a project being developed as part of Forth Valley Healthcare's Health Promotion Strategy. As part of routine cancer screening anyone in an 'at risk' group can be referred for dietetic counselling (Morag MacKellar, Falkirk).

'Healthy Eating for Cancer Patients' is an information booklet being published as part of The Royal Marsden Hospital Patient Information Series. This is aimed at cancer patients who have good nutritional status but will also be used for those at risk of developing cancer, eg, women attending a breast diagnostic unit (Clare Shaw, London).

TREATMENT OF CANCER PATIENTS

General Objectives

The Oncology Interest Group of the BDA has produced Dietetic Standards for the care of oncology patients, with the overall Standard being: all oncology patients who require nutritional intervention will have access to a State Registered Dietitian with the aim of achieving their optimal nutritional status.

Encouraging a balanced diet for some patients is never an easy goal.

'Overcoming Eating Difficulties' is an information leaflet produced as part of The Royal Marsden Hospital Information Series and is aimed at maintaining nutritional intake during treatment (Clare Shaw, London).

Palliative Care

The nutritional status of people with cancer is often affected, either as a result of the disease or of the treatment received. The role of nutrition in palliative care is to minimise symptoms of the condition and improve the quality of life where treatment is no longer appropriate.

Dietitians are valuable members of a palliative care team, working directly with the patient or being available to support and advise other members of the team, for example, the Macmillan Nurses (Carole Middleton, Leeds). Assessment tools are being developed for use by Macmillan Nurses as an aid to referral to the Dietitian (Pamela Paul, Falkirk).

Providing support and advice for local hospices on the provision of food and nutritional support is also an important role undertaken by some Dietitians.

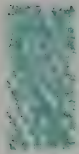
Education

Dietitians are regularly involved in teaching other health care professionals both in hospital and in the community. Dietitians specialising in oncology are no exception. Nutrition is included as part of the English National Board for Nursing, Midwifery and Health Visiting (ENB) Care of the Dying Course at The Royal Marsden Hospital.

MENTAL HEALTH

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MENTAL HEALTH

General Objectives

To reduce ill health and death caused by mental illness.

Main Targets

To improve significantly the health and social functioning of mentally ill people.

To reduce the overall suicide rate by at least 15% by the year 2000.

To reduce the suicide rate of severely mentally ill people by at least 33% by the year 2000.

The Contribution of Dietitians

Under a heading of mental health Dietitians work in three broad areas: learning disabilities, mental illness and eating disorders.

Learning Disabilities

Examples of good practice received which relate to clients with learning disabilities are directed either at the education of those caring for the clients or at monitoring the nutritional status of the clients.

- 'Nutrition for Carers' is an information pack compiled by the Scottish Dietitians Mental Health Interest Group. Its aim is to help carers become more aware of the importance of nutrition (Alison Dobson, Edinburgh).
- a Nutrition Education Pack to be used in conjunction with training sessions for residential units in Dorset Health Care is being developed. Nutritional knowledge of the carers will be assessed before and after training and the pack evaluated (Karen Honeyman, Boumemouth).
- a clinical audit project to monitor the nutrition of adults after leaving a large institution to live in the community is being developed in Portsmouth. A Nutrition Screening Tool will be used by carers and the scores monitored by the Dietitian along with anthropometric measurements (Karen Jeffereys, Portsmouth).

Mental Illness

Again examples in this area can be divided into those that relate to the education of the client with a mental illness and those that are looking at the nutritional status of the individual.

- Lunch clubs and food awareness groups are held by Dietitians (Marjorie Anderson, Macclesfield) and talks given in psychiatric day centres (Janet Millington, Manchester).
- Nutritional Assessment Tools for use by nursing staff have been developed as part of a Standard for the nutritional care of the elderly demented (Alison Dobson, Edinburgh) and are being developed as part of a training programme for staff at Tolworth Hospital (Mary Hickson, Kingston-Upon-Thames).
- an example of nutritional support for the mentally ill is the use of overnight gastrotomy feeding in Huntington's Chorea (Royal Edinburgh Hospital).
- an on-going study of weight change in older people admitted to long stay hospitals is being done at Rosslyee and Royal Edinburgh Hospitals (Alison Dobson, Edinburgh).

Specific Examples

'Hungry Henry' a guide to good nutrition

- is a six session rehabilitation package aimed at the chronically mentally ill relocating from long stay institutions to homes in the community.

The project was initiated in 1988 when the Dietitian and occupational therapist joined forces to produce the package which includes theory, shopping exercises and the use of kitchen skills. It is designed to promote new found knowledge and translate it into everyday practice. Each session has broad aims and some specific learning objectives.

The objectives are all measurable by means of the assessment tools provided in the package. The package has been evaluated and shown to improve knowledge but shopping and dietary

practices have remained unchanged. For clients with short attention spans a longer and more repetitive course is required and the package is now being re-evaluated with a view to preparing either a follow-on package or a second edition. The pack is currently being sold to Dietitians, social work departments and centres for rehabilitation.

Contact Margaret Harper, Chief Dietitian, Royal Dundee Liff Hospital, Dundee DD2 SNE, Telephone 0382 580441 ext 4454.

Eating Disorders

- Over Eaters Group is a group set up for clients who have a pattern of binge eating but do not meet the criteria for Bulimia Nervosa. The aim of the group is to help clients return to their 'normal' eating habits, improve their social functioning and their self esteem (Royal Edinburgh Hospital).
- dietary education for those with eating disorders, a programme of 10 sessions as part of the eating disorders programme (Claire Wood, Southampton).

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HIV/AIDS AND SEXUAL HEALTH

General Objectives

To reduce the incidence of HIV infection.

To reduce the incidence of other sexually transmitted diseases.

To develop further and strengthen monitoring and surveillance.

To provide effective services for diagnosis and treatment of HIV and other Sexually Transmitted Diseases (STDs).

To reduce the number of unwanted pregnancies.

To ensure the provision of effective family planning services for those people who want them.

The Contribution of Dietitians

The work of Dietitians with HIV clients is as part of the effective service for the treatment of HIV.

Weight loss, one of the most well known symptoms of HIV infections, contributes to the progression, morbidity and mortality of HIV disease. In addition, malnutrition may be seen as contributing to the immunodeficiency that characterises HIV infection.

The Dietitians Working in HIV/AIDS Group of the BDA has written 'Standards of Care for Clients with HIV/AIDS' as a guide for Dietitians working in this area.

The aims of dietetic intervention in HIV infection are:

- to promote appropriate messages about food to enable clients to eat a healthy diet and to prevent weight loss and meet their nutritional needs.
- to provide appropriate advice and support to enable clients to manage their food related symptoms and achieve the best possible nutritional status.

These aims are achieved by:

Dietary Counselling

- on an individual basis for all clients immediately after diagnosis. These clients have height/weight/Body Mass Index (BMI) details computerised to use for monitoring change and identifying those at risk (Louise McCrombie, Glasgow).

- advice in the clients own home or a drop in centre at any time, before or after they become symptomatic (Katie Peck, Leeds). Clients referred by genito-urinary medicine clinics, General Practitioners and other Dietitians in the city.

Group Work

- with young male prostitutes to teach basic food skills and increase nutritional awareness (Katie Peck, Leeds).

Nutritional Support

- for individuals with symptomatic disease. An example of the multidisciplinary approach to HIV is the Hospital Nutrition Team consisting of doctors, community and ward nurses, Dietitians and pharmacists (Louise McCrombie, Glasgow).

Nutrition Education Materials

- for potential and actual clients and for people of East African origin (Sue Barton, London).

Advice to support groups, for example, Body Positive and other related services, for example, the Glasgow Drug Problem Service. Nutritional advice is offered to intravenous (IV) drug users after a study of their BMIs revealed that drug injectors were undernourished (Louise McCrombie, Glasgow).

HIV/AIDS AND SEXUAL HEALTH

Example

A Time to Act: HIV and Nutrition Campaign

The aim of the project was to raise the awareness of medical and dental staff to the importance of referring their clients with HIV to a Dietitian for nutrition advice and support.

In the week prior to World AIDS Day, 1 December 1993, Leeds' Dietitians HIV/AIDS Forum launched a poster campaign to make doctors and dentists think about the need to refer to a Dietitian.

Posters and postcards explaining how Dietitians can help people with HIV manage their food related problems were distributed to general practitioners, dentists and doctors in four Leeds' hospitals. The posters were displayed in clinical areas and used in local initiatives. Feedback from those who took part was used to evaluate the campaign and identify the training needs of doctors and dentists.


Contact

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ACCIDENTS

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ACCIDENTS

General Objectives

To reduce ill health, disability and death caused by accidents.

To reduce the death rate for accidents among children aged under 15 by at least 33% by 2005

To reduce the death rate for accidents among young people aged 15 - 24 by at least 25% by 2005.

To reduce the death rate for accidents among people aged 65 and over by at least 33% by 2005.

The Contribution of Dietitians

Diet can be indirectly related to accidents in a number of ways, the most obvious being alcohol intake but also by influencing the glycaemic control of people with diabetes and the general health of the elderly population.

Elderly

Many older people admitted to hospital are found to be malnourished for a variety of reasons and as a result have more problems with rehabilitation.

To identify those patients potentially 'at risk' nutritionally a number of nutrition assessment tools/checklists have been developed specifically for this care group. Some of these are aimed at use in the community to pick up people at risk before their nutritional status affects their health (BDA Nutrition Advisory Group for Elderly People [NAGE]; Leeds Dietitians; Sue Lupson, Lancaster).

Having diagnosed a problem advice sheets for dealing with it are also available (Leeds Dietitians; Sue Lupson, Lancaster).

The NAGE Video 'Aspects of Nutrition Awareness among the Elderly' is aimed at raising awareness of potential problems of malnutrition.

NUTRITION AND HEALTH EVERYBODIES' TARGET

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NUTRITION AND HEALTH EVERYBODIES' TARGET

General Objective

To promote good nutrition as a contributor to positive health.

By focusing on any one of the Key Areas there is a danger of fragmenting the nutritional component of the strategy, with over emphasis on one aspect to the detriment of other potentially useful dietary changes.

The whole diet needs to be considered in the context of people's lives, recognising the social as well as the physiological value of food in promoting **both** mental and physical health.

The examples of good practice in this section highlight a holistic approach and demonstrate the wide range of activities exhibiting good practice throughout the population. The areas specifically represented are: children; low income; weight management; pregnancy; training of other health professionals; catering; ethnic minorities; diabetes; sports nutrition; the media; industry; prisons and hospitals.

CHILDREN

The example of good practice received relating to children can be divided into those aimed at the pre-school child and those aimed at children over 5, which concentrate mainly on working within the school environment.

Children 0-5 Years

Policy Formation

Dietitians work closely with other health professionals, particularly health visitors, midwives, general practitioners and health promotion specialists.

For example, as part of steering groups, in the South Warwickshire Infant and Child Nutrition Group (Elizabeth Fauvel, Warwick), the Fermanagh Breast Feeding Initiative Group (Clare Holmes, Enniskillin) or in the production of Infant Feeding Policies and guidelines.

Training of Other Professionals

To ensure consistency of message Dietitians are involved in the training of many other health professionals. For example, health visitors and midwives (Judy Lawrence, Middlesex), nursery nurses (Nicola Assassa, Preston) or child carers, for example, the Diploma in Play Group Practice run by the Northern Ireland Pre-school Playgroup

Association (Clare Holmes, Enniskillin). Other Dietitians are developing training strategies for the implementation of their feeding policies (Eleanor Duff, Ballycastle) and are planning to train child-minders (Morag MacKellar, Falkirk and Eleanor Duff, Ballycastle).

Education of Parents

Parents of children with potential problems are advised individually at a 'Failure to Thrive' clinic. This is a multidisciplinary team tackling non-organic failure to thrive (Jackie Moores, Leeds).

Middleton Iron Project was established following research which showed 34% of the local population to have iron deficiency anaemia. The project promotes healthy eating by cook and eat sessions, play with food, information and displays (Jackie Moores, Leeds).

The Good Food Project aims to improve the nutritional status of pre-school children by advising mothers on how to make suitable food choices and adopt appropriate eating practices (Debra Broadley, Salisbury).

Resources

Resources in the form of posters, information packs, recipe books or leaflets have been developed aimed at parents or carers (Leeds Breast Feeding Initiative [posters], Mary Cooper, Leeds; Teddy's Healthy Eating Club [a work pack], Sue Filer, Harlow; Healthy Eating Recipe Book for Children, Sally Spedding, Southampton; Snack Attack [a healthy snack list], Carol Matta, Truro).

Children Over 5 Years

Schools

Again work in this area can be divided into policy formation, education of the client - in this case the child, training of the professionals and the production of resources. There is also work specifically with the school catering service which addresses meal specifications, food promotion to the customer and training of the catering staff.

Policy Formation

Healthy School Awards have been or are being developed in a number of areas, with the aim of promoting good nutrition as part of the school environment and the teaching curriculum. Dietitians are working on these initiatives with health promotion specialists, school governors, teachers, parents and caterers. Examples: Healthy Schools

**School
Nutrition
Action
Groups**

Award - a framework with three levels of award depending on standards achieved (Heather Ashby, Exeter); Healthy Norfolk Schools Project - schools are judged against nine criteria and must achieve six to qualify (Kate Gudgeon, Norwich); Heart Shield Award - schools need to meet criteria for healthy eating, non-smoking, stress reduction and exercise. Healthy eating includes the tuckshop, school meals and the example set by staff (Deidre Fee, Sleaford).

In conjunction with the BDA a project has been developed to produce a tool to enable schools to establish a consistent policy on nutrition both in the classroom and in food provision. The document encourages schools to develop a Nutrition Action Group including pupils, teachers and catering staff with the help of a local Dietitian, to ensure the involvement and ownership of consumers and providers. The document will be shared with the profession in April 1994, followed by a series of conferences in the spring and autumn (Sandra Passmore, Birmingham).

'On the Road to Health' was a pilot study based on the School Nutrition Action Groups at Moseley School, Birmingham. A food policy group was established and the choice of food available in the school was changed, with an increase in the uptake of healthier food. The facilities of Birmingham's Healthy Living Bus were made available and used by 253 13 year olds. Health education sessions were integrated into a series of lifestyle activities (Judith Mann, Birmingham).

Education

The examples of Dietitians working with school children have taken a 'healthy lifestyle' approach and have involved sessions at lunchtimes or after school.

'Healthy Lifestyle Week' aims to raise awareness with healthy eating displays, quizzes, competitions and a range of physical activities. Each pupil is awarded a point for attending an activity and a point for choosing a healthy meal. A prize is given to the class with the highest points (Pinki Sahota, Leeds).

'Health Club' is an after school group aimed at 12 - 15 year olds. Six sessions were organised to include discussion and counselling on

nutrition and exercise. This is to continue in the spring term to develop topics such as practical cookery, advertising, slimming products and increased self-esteem (Hazel Rigall, Sandwell).

A healthy lifestyles course for secondary school children with weight problems is due to start in Tameside. This is a joint project of the Community Dietitian, senior school nurse and child psychologist and will include diet and exercise (Val Anwyl, Ashton-Under-Lyne).

'Fit is Fun' is a series of eight one hour sessions for 8 - 10 year olds aimed at increasing exercise and promoting healthy eating (Christine Britton, Pontefract).

'Healthy Lifestyle - Check It Out' is aimed at secondary school children (Hazel Harden, Birmingham).

Ashton-on-Ribble High School Community Health Week. A nutritional display and a quiz demonstrated the lack of knowledge of the children promoting sessions on nutrition as part of the food technology class (Nicola Assassa, Preston).

'Schools Health Roadshow' was developed to support the implementation of National Curriculum Guidelines 5 "Health Education" and emphasise the importance of health education within the timetable (Sandra Passmore, Birmingham).

'Get Cooking Project' is a national initiative of the National Food Alliance to encourage more children to learn to cook. Dietitians are involved locally in these schemes (Cookery Club for 10 - 11 year olds Bronwyn Hunton, Hull).

Resources

Resource packs have been developed in a number of areas and include suggestions for classroom activities, handouts on different nutrition topics, information on other resources available and indicate how National Curriculum Attainment Targets can be achieved.

Examples:

- for use in primary school are: Hampshire Nutrition Activity Pack for Primary Schools (Kathryn Stuart, Basingstoke); Healthy Snacking - an action and information pack promoted in primary

NUTRITION AND HEALTH EVERYBODIES' TARGET

schools but planned to be extended to secondary schools (Val Anwyn, Ashton-Under-Lyne).

- national curriculum third key stage, levels 3 to 7 'Looking for a Healthier Future' (Fiona Winter, Milton Keynes).

Catering

Dietitians interested in school catering are often NHS employed working as part of a healthy alliance with local authority personnel. There are, however, some Dietitians employed directly by the local authority with a remit to advise on nutritional standards for school meals, menu and recipe development, and training of catering staff (Bronwyn Hunton, Hull and Sally Foster, North Tyneside).

Other examples of work with school meals are: School Meals Action Group to provide a nutritional specification for the provision of school meals in Devon (Heather Ashby, Exeter); 'Supreme Guide to Healthy Eating' menu coding system devised and promoted to children, teachers and parents (Sue Howie, Stoke on Trent). South West Thames Regional Health Authority Dietitians are assessing the resources available for schools with the aim of producing guidelines. Dietary Environment in Schools aims to increase the range of healthier choices available for meals and in the tuck shop (Jennifer Jones, Bridgend). A research project looking at the school meal choices of junior school children is planned (Robert Zachary-Harz, Halifax).

Examples of projects addressing other food eaten in school are: Healthy Packed Lunch Project leaflets and talks for parents and activities in school (Deidre Fee, Sleaford); The Healthier Tuckshop Award an information pack and two tier award scheme developed for primary schools (Janet Jackson, Coventry).

Using catering staff to promote good nutrition is the theme of 'The School Cook as Health Promoter'. The aim of the project is to raise awareness through providing practical information, practical skills and encouraging personal development to enable cooks to become more involved in promoting healthy eating (Helen Summers, Ipswich).

Food provision in a social service's nursery has been assessed and recommendations made. Training of menu planners and cooks is likely as a result of the project (Judith Montague, Manchester).

LOW INCOME

Dietitians work in a number of ways with clients on a low income and often use established community groups to develop projects and actively involve the clients.

Community Projects

A variety of groups established to meet the specific needs of their clients have provided the opportunity for Dietitians to introduce nutrition to the group.

- *Mother and Toddler Group:* Cook and Eat Sessions allow mothers to extend their cooking skills, try new foods and see if their children like them (Jackie Moores, Leeds).
- *Young Parents Group:* run in conjunction with play group leaders. Young mothers attend ten sessions at which they shop, cook food and discuss nutritional and child development issues. The Group aims to increase confidence and self-esteem (Jackie Moores, Leeds).
- *Young Women's Health Activity and Training Project:* aimed at mainly teenage women and single parents attending the Community Development Project (Jane Frew, Gloucester).
- *Parent Support Group and Parents Group:* four sessions have been held with each group looking at cooking on a low income, with cook and taste sessions, quizzes, discussions and a video (Janet Jackson, Coventry).
- *Community Food Project:* eight sessions held at the local community centre comprising 'hands on' cooking and activities encouraging group participation. A pack containing the session plans, activities, recipes and evaluation tools is available for other community workers to establish Community Food Projects throughout the area (Christine Britton, Pontefract).
- *Friends with Food:* a three year project which took a practical hands-on approach to influencing healthy eating for mothers on a low income. It was based on a validated USA programme. The outcome was a seven session fun course including cooking and eating, games and discussion (Deborah Wyles, Huddersfield). The project has been adapted for use in

EVERYBODIES' TARGET

Northern Ireland and is being piloted by Wendy Murray, Belfast, on behalf of the Health Promotion Agency for Northern Ireland.

- A county-wide programme to provide basic nutritional information and cooking skills to single parents in County Durham (Christine Wyn-Jones, Durham).
- *Our Cafe*: a community-led centre for health promotion. The cafe provides low cost balanced meals and nutrition information. It is hoped to employ local people to run the cafe and creche and provide adult education courses, counselling services and sporting activities (Julia Pentalow, Kettering).
- *'Working Together for Healthier Food'*: a programme of eight sessions working with community groups discussing shopping, cooking and eating. It includes cook and eat and helps increase confidence (Carol Ledwards, Manchester).
- *Bolton's Food Co-ops*. The co-ops started in 1991 as a joint initiative between the Dietitians and residents of one estate. There are now five co-ops which aim to make healthy food choices more available at affordable prices. A video and information pack are also available (Stephanie Price and Jane Sephton, Bolton).
- A Community Development Dietitian is employed to work with the community to improve the nutritional status of residents on priority estates. This has involved needs assessment, increasing the availability of healthier foods by bulk buy groups and a mobile food shop, and education using cook and taste groups (Jo Farrington, Oldham).

Education

- *Hearty Eating Express*: a mobile unit complete with displays and information visits targeted areas to give practical information, answer questions and give cookery demonstrations (Jennie Simpson, Leamington Spa).
- *Eat Well Spend Less Course*: provides a combination of theoretical and practical (cook and eat) sessions to address the established needs of the clients, who are referred by health

visitors and the social services family centre (Sally-Ann Denton, Portsmouth).

- *Food and Health*: a nine week programme involving group work, discussions and practical food preparation sessions aimed at establishing what issues are particularly relevant and developing a resource for group leaders to use (Lesley Robertson, Portsmouth).

Projects being Developed

Healthier Eating on a Limited Budget: the project will establish the attitudes, awareness and needs of the target group and use the information to plan the content of a video (John Rowlands, Bury St Edmunds).

WEIGHT MANAGEMENT

Slimming Groups

Individual counselling for weight loss is available for any client referred by a medical practitioner at most hospital and GP dietetic clinics. In addition, slimming groups are often run by hospital Dietitians and Dietitians in GP practices. Many of these group sessions are taking a holistic approach and are looking to improve self-esteem and generally improve eating habits, not just promote weight loss.

Examples of this approach are: 'New Image' aimed at teenagers (Usha Garigiparti, Peterborough); 'Your Food and You' in conjunction with a clinical psychologist (Sandra Passmore, Birmingham); 'Weight Wise Club' (Alison McQueen, Belfast); Harrow Slimming Clubs (Patricia Penfold, Harrow); 'Slimming Club' for hospital staff (Elaine Cotton, Sheffield); 'Weight Control Group' aimed at hospital and community nursing staff (Clare Holmes, Ballycastle); 'Weight Control Group' run with occupational health for staff (Sue Howie, Stoke on Trent); 'Lifestyles Club' run with the University Department of Sport Sciences for staff (Siobhan O'Brien, Sheffield).

Healthy Eating Advice for Stopping Smoking

- 'Stop Smoking - Stay Slim' support offered to individuals or groups in conjunction with stop smoking tutors (Deirdre Fee, Sleaford).
- Group session open to staff (Elaine Cotton, Sheffield).

Weight loss advice is offered in several different ways and evaluation

NUTRITION AND HEALTH EVERYBODIES' TARGET

of its effectiveness is required. A pilot project is being undertaken with an MSc Human Nutrition student comparing individual advice and follow-up, with four educational sessions (Elaine Cotton, Sheffield).

Slimming Group Accreditation Scheme

Many slimming groups are available that are not run by health workers. This scheme has been developed to enable overweight people in Gloucestershire to choose a group confident that it will give them help and advice that is appropriate and accurate for their needs (Alison Nelson, Gloucester).

Resources

The number of overweight people needing advice is greater than dietetic clinics are able to cope with and hence a large proportion of the advice is given by another health worker. To ensure that consistent messages are being given Dietitians have developed resources for use by other health professionals. These are often distributed as part of a training course.

- *'Women, Food and Health'* is aimed at community group leaders and is a programme for 8 - 12 session to help women feel more in control of their weight and eating habits (Carol Ledwards, Manchester).
- *Training Manual*: to help other health professionals set up slimming groups. It was developed as part of a project to reduce waiting times funded through the Patient's Charter Fellowship (Chris Coxon, Gateshead).
- Weight Control Pack for clients (Janis Lecrass, Uckfield).
- *'Slimwise'*: a nutrition resource pack for community use to support the Health Board's Weight Control Policy (Morag MacKellar, Falkirk).
- *'Weight-Wise Cornwall'*: materials and training for health care staff to set up and run clinics for the overweight (Carol Matta, Truro).
- *'Sensible Slimming'*: an educational tool being developed for use by other professionals (Penny Civil, London).

Training

The majority of training given to other health professionals is of a general nature looking at the role of good nutrition as part of health

promotion and disease prevention. Courses aimed specifically at weight reduction are:

- *Exercise and Weight Control Courses*: for practice nurses to help them meet the requirements for health promotion in GP practice (Sue Howie, Stoke-on-Trent).
- *Use of the Weight Control Pack*: training for the Primary Health Care Team (PHCT) (Morag MacKellar, Falkirk).
- *Open Learning Pack for Managing Obesity in Primary Care* (Dympna Pearson, Leicester).
- *'Trim-In'*: weight loss training days for practice nurses (Deirdre Fee, Sleaford).

PREGNANCY

The Centre for Pregnancy Nutrition's 'Eating for Pregnancy Helpline' provides up to date scientifically valid information on nutrition for preconception, pregnancy and lactation to members of the public, health professionals and the media. Leaflets and posters are sent to all callers (Fiona Ford, Sheffield).

Many women have access to dietetic advice when attending ante-natal clinics. In some areas Asian pregnant women are routinely seen by a Dietitian and given Vitamin D supplements as a prophylactic measure to prevent osteomalacia in pregnancy and infantile hypocalcaemia (Rachel Abraham, Harrow).

Dietitians are also involved in the education of other health professionals particularly midwives (Sue Bell, Stoke-on-Trent).

TRAINING OF OTHER HEALTH PROFESSIONALS

Training of any member of the health care team with an interest in the nutritional status of the client has been part of the remit of the Dietitian for many years. Dietitians are heavily involved in formal pre and post qualification nursing education and in some areas in undergraduate and postgraduate medical education. More recently Dietitians have become recognised as members of the PHCT and are developing training programmes and resources for use by these teams.

NUTRITION AND HEALTH EVERYBODIES' TARGET

Primary Health Care Team (PHCT)

As more professionals become involved in health promotion it is essential that the information and advice given is consistent, accurate and of a high standard. Dietitians, as experts in nutrition, can act as the resource in this field for the other professionals to ensure that these aims are met.

Training of members of the PHCT has developed in different ways. In some areas training is given to the team as a whole, in others it is discipline specific and most often aimed at the practice nurse:

Primary Health Care Teams

- Development of a diet care action plan to give guidance on what basic advice to give, what resources to use and when to refer to a Dietitian and a rolling programme of training events related to heart disease, obesity and slimming groups, diabetes and culture (Jackie Loach, Bradford).
- Health professional training aimed at all members of the PHCT and others such as environmental health officers, community pharmacists and dental therapists. Training requirements are identified from questionnaires, discussion groups and interviews and training developed to meet their needs. Evaluation allows planning for the future (Sally Spedding, Southampton).
- Nutrition training provided in small directed modules in the practice. A short needs assessment exercise precedes the sessions (Pat Flanagan and Mary Cooper, Leeds).
- Nutrition education package of eight sessions individually tailored to each non-fundholding GP practice. An assessment of knowledge and skills precedes the training, which is done in small groups (Jane Eaton, Bournemouth).

Practice Nurses

- Skills and knowledge based education programmes are available for practice nurses in many areas. These are run over varying lengths of time.
- Motivating Dietary Change was developed in conjunction with the FHSA for practice nurses in practices applying for health

promotion Band 3. Resources were developed to support the training including a multi-cultural, multi-purpose leaflet 'Let's Talk About Food' (Fiona McKeller, Birmingham).

Community Nurses

- *'What Lifestyle and Dietary Advice should we Offer?':* theoretical and practical dietary advice for the prevention of CHD (Patricia Penfold, Harrow).

General Practitioners

- A programme of 12 modules which are approved by General Practice Advisers (Lynne Peace, Oxford).

Resources

To support training many Dietitians have developed a range of resources which are made available to the PHCT. These may be information sheets for use with clients, guidelines on the use of the diet sheets or information and teaching aids aimed at the health profession.

- A Nutritional Open Learning Package aimed particularly at practice nurses to consist of five modules, each with a workbook and video. The first module is currently being evaluated (Mary Doidge, Cambridge).
- 'Nutrition Matters for Practice Nurses' (Leeds, Judd and Lewis 1990).
- *Community Nutrition and Diet Pack:* diet sheets, leaflets and guidance (Frances Campbell, Manchester).
- Healthy Eating Tear-Off Pad (Fiona Jamieson, Southampton).
- *Nutrition Resource Package:* literature for use with clients (Sally Spedding, Southampton).

Information Newsletters

As a means of keeping the other professionals up to date on local initiatives and giving information on any pertinent issue, a variety of newsletters and bulletins are being produced. For example,

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Other Health Care Professionals

'Foodnews' a food and nutrition bulletin published quarterly and distributed throughout Buckinghamshire (Fiona Winter, Milton Keynes); Nutrition Newsletters (Judy Lawrence, Teddington; Sally Spedding, Southampton; Margaret Gradwell, Blackburn).

'Dial-A-Dietitian' is an informal centre where staff can access advice or literature (Kate Le Corno, Birmingham).

Medical Practitioners

Dietitians are involved in the training in some medical schools, for example: St Bartholomew's Hospital Medical College (Caroline Summerbell) and King's College London (Pat Judd) where there is an intercalated BSc in Nutritional Science.

Pre-Registration Nurses

Many Dietitians teach student nurses undertaking either Project 2000 courses or a degree in nursing. Some are employed by schools of nursing (Kevin Bryant, Nightingale and Guy's Institute of Nursing, King's College London).

Post-registration Nurses

Again many Dietitians teach on ENB courses, for example, ENB 901 Family Planning Course (Patricia Penfold, Harrow); ENB Diabetes Management in General Practice (Phillipa Bearns, Southampton)

Pharmacists

Distance learning packages have been developed for pharmacists which contain sections on nutrition and dietetics written by Dietitians.

- Distance Learning Pack for the Centre for Pharmacy Post Graduate Education (Kevin Bryant, London).
- Health Education Authority (HEA)/Pharmacy Health Care Scheme - A Practical Guide to Health Promotion for Pharmacists (Paula Hunt, Oxford).

Dietitians also have input into MSc Health Care Studies Courses (Lynne Peace, Oxford), diet cookery courses and NVQ/BTec courses for support workers and health care assistants (Elaine Cotton, Sheffield; St James's University Hospital, Leeds).

CATERING

Dietitians have traditionally had a close working relationship with caterers in the hospital setting to ensure that the dietary requirements of patients are met. With the increase in public interest in health promotion and the high proportion of food eaten outside the home the role has extended and Dietitians now also work with caterers in the workplace and in the catering industry.

The aim of caterers should be to enable and encourage customers to choose healthy diets. In this context Dietitians need to identify the nutritional needs of the consumer group and enable the development of a healthy diet selection appropriate to that group. This will entail the development of healthier cooking practices; establishing minimum standards for menu planning, recipe ingredients and cooking methods; ensuring that descriptions of food are accurate to comply with legislation; and developing training programmes for staff.

Work with school catering has been covered in the section on schools. In this section there are examples of work with restaurants, hospitals and residential care. There are also examples of initiatives in the workplace which go beyond catering and also include health promotion activities.

Catering Establishments

In conjunction with Environmental Health Officers, Dietitians in many parts of the country are involved in the Health Education Authority Heartbeat Award Scheme, both in advising Environmental Health on whether a catering establishment meets the nutritional criteria, ie that at least one third of the menu choices are healthy options, and in advising the caterers on how to meet the criteria.

In Leicestershire a Heartbeat Award Pack has been developed to give caterers ideas on healthy recipes and marketing healthy eating (Michelle Holdsworth, Leicester).

Local variations of the scheme have also been developed. For example, Healthy Food Choices Award, which has three levels (Deirdre Fee, Sleaford); Restaurant Award Scheme for all premises in Central Scotland (Morag MacKellar, Falkirk); Healthy Catering Award for Caterers in Grampian Region (Gillian Lockie, Aberdeen); Healthy

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Eating Circle Award and Awards of Excellence in Northern Ireland (Eleanor Duff, Ballycastle).

Taste of Tomorrow Nutritional Consultancy offers nutritional advice to caterers and specialise in helping to produce healthy eating menus for hotels and restaurants (Fiona Smith, Leeds).

A Healthy Eating Working Party has been set up with the Manchester Metropolitan Borough Council and has introduced healthy eating to all staff restaurants and now plans to extend this to leisure centres (Judith Montague, Manchester).

Hospitals

Menu labelling for both patients and staff has been introduced in a number of hospitals (Elaine Cotton, Sheffield; Ruth Weeks, Barrow in Furness; Chris Rudd, Sheffield; Patricia Penfold, Harrow).

Positively Good Food: menu labelling in conjunction with a series of promotions on different food topics (Loma Harrison, Preston).

Nutritional guidelines for hospital catering have been developed by the Dietitians in South East Thames Regional Health Authority and adopted by the Region.

Residential

Nutritional guidelines for residential homes for the elderly Homes (Julia Morgan, Luton), people with learning disabilities and children with special needs (Lynne Peace, Oxford).

Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes for Elderly People, which have been adopted as a standard by Inspection Units throughout Northern Ireland (Wendy Murray, Belfast).

In addition, the Nutrition Advisory Group for Elderly People of the BDA has produced 'Food and Health Policies for Elderly People' and "In the Minority Through the 90s" - catering for elderly people in a multi-cultural society.

Workplace

Peterborough's Community Nutrition Programme is aiming to identify the most effective form of intervention for use within the adult workplace restaurant setting. The influences on food choice and the effectiveness of nutritional intervention in 13 local companies is being measured (Helen Brown, Peterborough).

'Treat Yourself Right': a project targeted at off-shore oil installations with the aim of educating clients to make an informed choice. The project involves staff training, client education by posters, leaflets, menu labelling, lectures and individual counselling and evaluation (Gillian Lockie, Aberdeen).

'Healthy Eating in the Workplace': a project with occupational health staff and caterers to promote healthy eating with publicity materials, surveys of employees, leaflets, etc (Sue Howie, Stoke-on-Trent).

Formation of a new Health and Social Club by incorporating health into the existing social club. The aim is to raise awareness of a healthy lifestyle amongst hospital staff (Jane Wood, Sheffield).

Nutrition Analysis System: a computerised screening tool as part of a workplace lifestyle check (Alison Nelson, Gloucester).

Contract Caterers

It is now common for catering companies to be contracted to provide all of the catering in various institutions. Dietitians working for these companies are equally responsible for setting nutritional standards, menu and recipe development to enable the selection of a healthy diet, identifying training needs and developing training programmes and establishing an effective on-going monitoring tool to allow regular audit (Ann Simpson, Gardner Merchant, London).

ETHNIC MINORITIES

Example of work with the ethnic minority groups fall into two categories, working with and through link-workers to involve the local community in programme development, and the translation of resources into the appropriate language for the local community. A research project is also being conducted to investigate the nutrient content of foods eaten by different South Asian groups and look at family food habits to allow more effective targeting of health education initiatives (Pat Judd and Jane Thomas, London).

An Ethnic Health Team Dietitian is employed by Oldham NHS Trust to ensure that the nutritional requirements of the ethnic community are maximised. This requires close liaison with the three link-workers on the team and members of the community. Videos on diet and exercise,

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and diabetes have been produced in three languages; a mobile health programme and leaflets and packages on heart disease, diabetes and healthy weaning developed.

Wandsworth Community Health NHS Trust have recently employed a Dietitian to assess the needs of the local Asian community and to implement dietary changes related to Health of the Nation (Arung Shaker, London).

'Asian Food and Health Project'. Using focus groups the food and health needs of the Asian population of Bolton were investigated and activities developed including cook and eat groups, discussion groups, slimming groups and the 'World of Food' project. This project involved the World of Food Festival where traditional dishes were displayed and tried.

Recipes and ideas from the day will form a work pack for use with schools and community groups (Amanda Pattison, Bolton).

Dietary Counselling and resources in Hindi, Punjabi and Urdu, in both hospital and primary care (Beryl Reed and Renuka McArthur, Coventry).

Resources available in different languages are: minority ethnic heart materials in Gujarati and Bengali (Jane Frew, Gloucester); diabetes video (Margaret Gradwell, Blackburn); and 'Eating Well; Feeling Good' a Somali healthy eating video (Sarah Jean-Marie, London). Currently videos being produced are 'Healthy Recipes from the Caribbean' and 'Healthy Recipes from Bangladesh' (Sarah Jean-Marie, London).



DIABETES

The dietary management of people with diabetes is a fundamental part of the work of most Dietitians. Advice may be given individually or in groups, in hospitals either as an in-patient or at an out-patient clinic, or at a clinic in a GP practice. Many diabetics will receive initial advice and be followed up by the PHCT particularly the practice nurse and hence training in diabetes for these professionals is also an important part of a Dietitians role.

The dietary advice given to the diabetic is based on The 1991/92 British Diabetic Association's Dietary Recommendations for the 1990s (1991) and Dietary Recommendations for Children (1989). These focus on the reduction of fat in the diet and compliment the nutrition targets for the general population.

SPORTS NUTRITION

This is a new field for Dietitians. The Sports Nutrition Foundation in conjunction with the BDA runs a validated course for Dietitians, after which they can be part of a network of accredited Sports Dietitians.

Sports Dietitians, working with sporting organisations such as the British Olympic Association (Jane Griffin, London) and the Scottish Sports Council (Gillian Lockie, Aberdeen) advise elite athletes. They are currently helping these athletes prepare for the Commonwealth and Olympic Games. Dietitians are also working with all levels of sports men and women such as club athletes, boxers, marathon runners, rowers and football players (Gill Horgan, Sports Nutrition Foundation, London).

MEDIA

Use of the media is a very effective way of reaching a large section of the population. Dietitians are becoming more experienced at using this method of communication and are doing so at both national and local level in a number of different ways.

The Written Word

Features have been written on a wide range of nutritional issues from a healthy diet in its entirety, sensible weight loss plans, healthy eating for children or teenagers, to heart disease and anti-oxidants. These have appeared in:

- the National Press: Dietitians provide copy and act as consultants to such newspapers as The Daily Mirror, Daily Mail, Daily Telegraph, Daily Express (Luci Daniels, London, and Lyndel Costain, BDA Public Relations Adviser).
- national magazines: Dietitians have regular features in a number of magazines including Good Housekeeping Magazine [circulation figure 456,768] (Fiona Hunter, London), Women's

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Realm, Parents' Magazine and Mizz Magazine (Luci Daniels, London).

- local press: Dietitians write articles for many local newspapers on all aspects of healthy eating linking this, where possible, with local initiatives (Judith Montague, Manchester, and Sue Howie, Stoke-on-Trent).

Radio

Local radio is used by a number of Dietitians on a regular basis to promote good nutrition. For example, a two weekly nutrition/lifestyle programme has been broadcast since 1992 on BBC Radio Gloucestershire. The programme for 1994 covers the themes of exercise and food (Jane Frew, Gloucester); a weight loss plan for 1994 in conjunction with an exercise programme on Capital Radio (Luci Daniels, London); a weekly radio slot on BBC Radio Bristol (Fiona Hunter, London); and 'Food and Health On Air' (Carol Matta, Truro). Dietitians also feature on local radio on an ad hoc basis to promote local initiatives or respond to current issues (Ruth Weeks, Barrow in Furness) or as part of a 'phone in' programme (Deirdre Fee, Sleaford).

Health issues have also been included in a weekly radio drama 'Listen to Your Heart' set in a medical centre. The programme explores life events including rehabilitation and behaviour changes after a heart attack and has supporting features and information packs (Ruth Breese, Leamington Spa).

Television

The use of television to convey nutritional messages is becoming much more popular. Dietitians are involved either as part of the feature presenting the message or discussing it, or working with the researchers influencing the content of the programme and the use of appropriate experts.

Examples received: Health UK - two programmes on healthy eating, and Celebrity TV - weight loss advice for People Today and Russell Grant (Luci Daniels, London); regularly featured on 'This Morning' Granada TV (Fiona Hunter, London).

Channel 4 'Food File' - two series: the Mediterranean Diet and World in a Stew (Amanda Ursell, London).

INDUSTRY

Dietitians work with the food industry either on a freelance basis, being contracted for specific projects such as production of literature or a series of lectures, or are employed by the company for their nutritional expertise.

Freelance

Examples of the work of the freelance Dietitian are:

- SMA Solid Foundation for Health Initiative: ten national lectures (Luci Daniels, London).
- 'The Eat More Bread Diet' with the Flour Advisory Bureau and Cholesterol Lowering Diet with Abbott Laboratories (Luci Daniels, London).
- lectures with the Olive Oil Bureau (Wendy Doyle, London).
- lectures with the Health Visitors Association and Kellogg's (Wendy Doyle and Sue Thomas, London; Denise Thomas, Portsmouth).

Company Employed

Dietitians in industry are responsible for:

- advising on new product development or on the reformulation of existing products and setting nutritional parameters.
- maintaining a database of the nutritional content of the company's products.
- advising on the nutritional content of any advertising campaigns.
- producing nutrition education material and training packs for use by health professionals including Dietitians, practice nurses and teachers.
- producing product information in the form of posters and leaflets.
- sponsoring and collaborating in health promotion campaigns with professional bodies and organisations.

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- sponsoring and collaborating in research related to The Health of the Nation.
- developing nutrition training programmes for sales and marketing personnel.

Some Dietitians in industry are involved in most of these areas. For example: Kathryn O'Sullivan, Kellogg's; Johanna Hignett, Nestle; Jo Booth, St Ivel; and others are primarily involved in the production of educational materials and collaborating in health promotion campaigns and research, for example: Jeannette Higgs, Meat & Livestock Commission; Judy Buttriss, National Dairy Council; and Moira Howie, Burson Marsteller.

Brake Bros specialise in supplying meals to the catering industry. The Company Dietitians for Brake Bros have produced a nutrition policy for use with their suppliers and guidance for caterers on catering for good health (Eileen Steinbock).

PRISONS

Dietitians are working with the prison service to improve the nutritional intake of both the prisoners and staff.

Development and implementation of a food and health policy and minimum nutritional standards for the Scottish Prison Service (Morag MacKellar, Falkirk).

Standards for the nutritional care of HIV clients in prison as part of the policy for the Scottish Prison Service (Scottish Dietitians HIV Support Group).

Staff have been addressed in a project to achieve the food service aspects of the Health Education Authority Workplace Charter. Caterers were advised on menu choices and put into contact with a catering college to acquire relevant practical skills. A short course of group sessions on food and health was run for employees (Mary Cooper, Leeds).

HOSPITALS

Several Dietitians working in acute areas are devising assessment tools to enable other health care workers to identify patients admitted who are nutritionally 'at risk' and need referral to the Dietitian for specialised dietary advice (Carol Maskell, Southampton; Lesley Gregory, Portsmouth; Helen Kennedy, Birmingham; and Eleanor Duff, Ballycastle).

Example 1

Use of Puppetry to Promote Healthier Eating Habits in Young Children

The aim of the project is to teach children aged 3-11 how to have a healthier diet and to explain why such a diet is necessary, through using a specially commissioned puppet show.

The puppet show was commissioned by the Community Dietetic Department of Newcastle Nutrition and funded by Newcastle Health Authority's Health Promotion Department.

The puppet show was written by Michelle Reid, who had previously worked with regional Community Dietitians in the production of a nutrition education play at the 1990 Gateshead Garden Festival. The story line lasts for around 20 minutes and includes singing and 'rap' music. It has been transcribed on to tape so that it can be used by many people, not only those with voice skills.

The puppet show has been used by several Community Dietitians from different areas, dental health education officers, school nurses and health promotion officers. Audiences have included play groups, schools and health fairs. Schools have continued the theme in work after the show. The puppet show tent was donated by British Telecom.

Contact

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Example 2 Healthy Eating Around the World

The aim of the project was (a) to encourage primary school children to choose healthy foods and (b) to highlight the importance of a healthy school meal to the general population and make them aware of initiatives occurring in school.

The project was three fold. As part of a competition:

1. children were asked to choose a country and design a poster depicting healthy foods from that country.
2. the school cook was asked to develop a healthy menu from that country and design one original dish.
3. final judging of the competition was held at the local Town Hall. It attracted a lot of media interest and every child went away with a prize.

Over half of the primary schools in the area participated and generated a lot of interest in healthy school meals.

After the competition each school held a theme day where the menu developed by the school cook was used as the meals for the day. Uptake of school meals has increased markedly since schools started having healthy choices.

Contact Diane Watson, Community Dietitian, Community Services, Slyne Road, Lancaster LA1 2HT, Telephone 0524 32392 ext 244.

Example 3 Healthy Shopping Basket Scheme

The aim of the project is to improve access to a healthy diet by encouraging local shops to stock 'healthy foods'.

A working group of Dietitians, health promotion officers and the Local Council Health for All Co-ordinator identified 20 'healthy foods' and criteria for the foods. Materials were printed and local stores approached by the working group, with a view to joining the scheme. Those shops stocking at least 10 items from the 'healthy foods' list join

the scheme and highlight the foods using labels for shelves, leaflets for shoppers and posters.

Contact

Sally Spedding, Community Dietitian, Health Promotion Department, Oatlands Road, Winchester Road, Southampton SO1 5NB, Telephone 0703 784278.

Example 4

Somali Community Music and Drama Health Concert

The aim of the project was to promote healthy lifestyles among the Somali refugees through music, arts and drama.

The focus was on raising public awareness about the causes and prevention of heart related diseases.

In 1991 the North London Somali Association (NLSA) in collaboration with Harrow Health Promotion Department, the dietetic department at Northwick Park Hospital and Harrow Council for Racial Equality prepared two projects which were submitted to the 'Look After Your Heart' project's regional office for financial assistance. Funding for the Music, Arts and Drama Concert was approved. Three committees were responsible for the organisation. One was responsible for liaising with the Somali artists, musicians and dancers; one for the location and the preparation of two leaflets; and the third for supervision of the grant and fundraising.

The leaflets produced covered all aspects of healthy food in one and exercise, relaxation and giving up smoking in the other.

The project was evaluated by means of a questionnaire and informal group discussions in various community centres.

The evaluation showed most respondents had similar views about their health needs ie lack of access provision, lack of counselling, lack of outreach programmes, lack of continuous support and lack of

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people's awareness about appropriate health services. Recommendations include translation of appropriate materials and provision of interpreters.

Contact

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